Participant Program Interest Form

NAME (PLEASE PRINT): _____

STREET ADDRESS: _____ CITY: _____ ZIP: _____

CELL PHONE #: _____ HOME PHONE #: _____

E-MAIL ADDRESS: _____

HIGH SCHOOL: _____

SYNAGOGUE: _____

In 2017-2018, I will be a (circle or highlight one): junior senior

I will have a car available next year (circle or highlight one): yes no

Jewish education (please describe): _____

I have visited Israel: ____ on an organized program ____ on a private trip ____ not yet

If on an organized program, which one? _____

Are you a member of a youth group? _____ If yes, which group? _____

MOTHER'S NAME: _____ ADDRESS: _____

FATHER'S NAME: _____ ADDRESS: _____

PARENTS' EMAIL ADDRESSES: _____

Please explain why you are interested in Student to Student on the reverse side or on an additional page.